

FROM McANDREWS, HELD, & MALLOY

(MON) 7.11'05 11:17/ST. 11:17/N0. 4861050715 P 1



MCANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

JUL 11 2005

ARO PLEASE DELIVER RETURN RECEIPT TO
PATRICIA E. WILSON

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: M. Milord
Examiner, Group Art Unit 2682

FAX NO.: (703) 872-9306

FROM: Michael T. Cruz

USER ID: 8084

CLIENT: 1772

MATTER: 15258US06

Number of Pages This Transmission (Including Cover Page): 7

I hereby certify that the attached correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office on July 11, 2005.


Michael T. Cruz
Reg. No. 44,636

RECEIVED
OIPC/IAP

JUL 11 2005

If you have problems receiving this facsimile transmission,
please contact Patricia E. Wilson (Ext. 8148) at the above number.

FROM McANDREWS, HELD, & MALLOY

(MON) 7.11'05 11:17/ST. 11:17/NO. 4861050715 P 2

PTO/SB/21 (09-04)

Approved for use through 7/31/2006
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

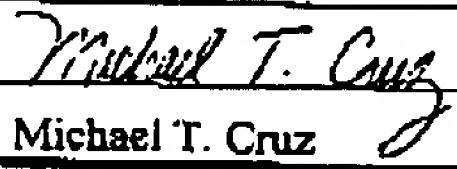
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	09/698,550
		Filing Date	October 27, 2000
		First Named Inventor	Moloudi
		Art Unit	2682
		Examiner Name	M. Milord
Total Number of Pages in This Submission	6	Attorney Docket Number	15258BUS06

ENCLOSURES (check all that apply)

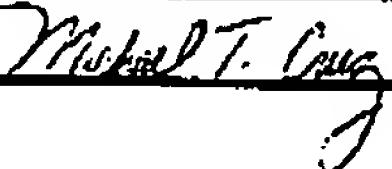
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) - filed in duplicate
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – one month – filed in duplicate	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Michael T. Cruz		
Date	July 11, 2005		

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to Examiner M. Milord at the United States Patent and Trademark Office, fax No. 703 872 9306, on July 11, 2005.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature		Date	July 11, 2005

FROM McANDREWS, HELD, & MALLOY

(MON) 7.11'05 11:18/ST. 11:17/N0. 4861050715 P 3

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act 2005 (H.R. 4818)

FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

620.00

Complete if Known

Application Number	09/698,550
Filing Date	October 27, 2000
First Named Inventor	Motoudi
Examiner Name	M. Milord
Art Unit	2682

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

 Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments
under 37 CFR 1.16 and 1.17RECEIVED
CENTRAL FAX CENTER

JUL 11 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee Fee Paid (\$)

-20 or HP x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

-3 or HP x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal \$500; 1-mo. ext. of time \$120

620

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz		Date		July 11, 2005